0	PI

5

1603

No

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

4.50

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 48 Stillwater 0846 Park City Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 5 1602 No ADAMS, LISA & JOHN 5.35

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BLAIR, PATRICIA

0	PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 48 Stillwater 0850 Reed Point Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 9-9 1604 No BOOTH, DIANNE 0.25 BELVIN, IRENE 9-9 1605 No 3.50 9-9 1606 No LEMAIRE, JULIA 5.00

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District

#

9-9

Contract

#

1607

Shared

No

OTT, DAVID & GAYLE

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Holona, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

of Days

Transported

Daily

Rate

1.50

	Helena, MT 59620-2501			Ind	lividual and Isolated T	ransportation	County
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent				Second Semester May 10 to County Superintendent May 24 to State Superintendent		
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:							
This claim	is for the period beginning	S		, 20 and e	nding	, 20	_•
		month	day		month	day	
CERTIFI	CATION:						
The inform	nation on this form is comp	olete and accurate to	o the best of my kn	nowledge.			
Date		Signature, Chair, B	oard of Trustees				
County:		District:	_			District Level:	
48 Stillwa	ater	0851 Reed I	Point H S			High School	I

Family's Name

TR-5 (1/05) Page 1

PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District: District Level: County: 48 Stillwater 0858 Rapelje Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 32 1601 No HERZOG, KIM 5.50

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